

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

21374

## 1. PLACE OF DEATH

County Cass Registration District No. 118  
 Township Adair Primary Registration District No. 5769  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 3

## 2. FULL NAME

255 Loyla Baughman  
 (a) Residence, No. Chimney Springs St., mo Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Albert Baughman

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) March 1940 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

13. NAME John W. Chinn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Sarah Ivy Chinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Arthur Chinn (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cable Ridge DATE June 10<sup>5</sup> 1940

19. UNDERTAKER Banks & Holey (ADDRESS) Cass Mo

20. FILED 6-5- 1940 W. S. Windsor Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to June 4 1940.

I last saw her alive on May 1940. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Heart complication Date of onset \_\_\_\_\_

Other contributory causes of importance:

Indigestion & constipation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. S. Windsor M. D.

113 (Address) Chimney Springs Mo

2511

RECEIVED

District Health Officer No. 7,

District File Number 7-40-1058

Date Filed 7-15-40

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21374**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **118**

Primary Registration District No. **5169**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Adair**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME

**Dona Baughman**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive. years

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

**70**

**7**

**17**

h. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

**H. S. Windsor**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A. ?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month **June** day **4** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h. alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Comph**

Due to **mitral Stenosis**

Due to

Other conditions **Indigestion and Constipation**  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature **W. S. Windagys** M. D. or other

Address **Chimney Springs**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

